

PURCHASE ORDER

Supplier: MASANGKAY COMPUTER CENTER
Address: Sta. Cruz, Manila
Tel.Fax No.: _____
Supplier Registered with: _____

OFFICE/DEPARTMENT: MSD

PO No. 13-12-128
Date: 12/16/13
Terms of Payment: Charge
Mode of Procurement: Public Bidding

Please deliver to this office within 30 from receipt hereof the following:


NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	12	carts	ink, canon PG40	928.00	11,136.00
	12	carts	ink, EPSON 143 - black	495.00	5,940.00
	12	carts	ink, EPSON 143 - cyan	495.00	5,940.00
	12	carts	ink, EPSON 143 - magenta	495.00	5,940.00
	12	carts	ink, EPSON 143 - yellow	495.00	5,940.00
	6	carts	ink, HP94, black	915.00	5,490.00
	12	carts	ink, HP704, black	338.00	4,056.00
	12	carts	ink, HP704, tricolor	338.00	4,056.00
	4	carts	ink, canon 811 Colored	980.00	3,920.00
	6	carts	ink, Canon LBP 3150 Cart 312	950.00	5,700.00
	22	pc	ribbon, EPSON LX300	90.00	1,980.00
	75	pc	ribbon, EPSON LQ2190	750.00	56,250.00
	4	unit	Fuser film assembly, HPM601 printer	29,450.00	117,800.00
					<u>234,148.00</u>
3rd Quarter IT supplies - (remaining items)					

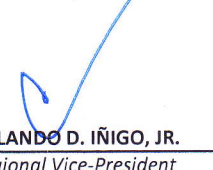
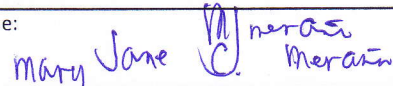
Terms & Conditions:

- Purchase Order (PO) shall be accepted by the supplier before the delivery of goods and/ or services.
- NO price increase shall be made by the supplier within seven (7) days from the date of the acceptance of PO.
- Non-availability of stock shall be made known to PhilHealth before the acceptance of PO.
- PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
- In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days. Deliveries should be made within office hours on working days on or before the date stipulated in the PO.

Note. This serves as a Notice to Proceed

Very truly yours,


LORENA M. RUBIS
Chief, Mgt. Services Div.

Certified Budget Available: Funds Available in the amount of: <u>234,148.00</u> LERI L. MAGAN <u>SHIRLEY S. VICTORIA</u> Budget Officer Designate Fiscal Controller IV		APPROVED:  ORLANDO D. INIGO, JR. Regional Vice-President
With in the COB: <u>2013</u> Expense Code: <u>774-10, LHIO ALBAY</u> Bdgct: <u>5,715.00</u> Remarks: <u>2013-12-00144</u>		
Conforms:  Signature over Printed Name and Position of Authorized Representative		Date: <u>12/20/13</u>

INSTRUCTIONS ON HOW TO USE THIS FORM:

- This form shall be used for simple purchases of supplies & other materials, for one time delivery or other simple delivery items.
- This form shall be accomplished by the staff of the Procurement Section upon decision of the Division Chief & Senior Manager as to which supplier has submitted the lowest quotation and if it had met the required specs.
- All other terms and conditions stated herein are valid upon completion of signatories of authorized personnel.
- The budget allocated must be affixed on the PO by routing to the Comptrollership Department upon approval of the PO.

